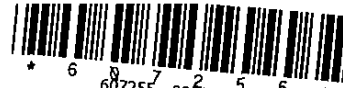


AMOUNT DUE ON OR BEFORE 01/01/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$600.00)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46471
1. Corporation Name
FLORIDA SCHOOL OF ADDICTIONS STUDIES, ALUMNI ASSOCIATION, INC.
Principal Place of Business
**3121 BRANDYWINE DRIVE
TALLAHASSEE FL 32312**
Mailing Address
**3121 BRANDYWINE DRIVE
TALLAHASSEE FL 32312**


687255-90004-538


2. Principal Place of Business
21 828 Ingleside ave
Suite, Apt. #, etc.

2a. Mailing Address
26 828 Ingleside ave
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
12/16/1991

22 City & State
23 Jacksonville FL
27 City & State
28 Jacksonville FL
24 Zip Country
24 32205 25
29 Zip Country
29 32205 30
4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired
**\$8.75 Additional
Fee Required**
**6. Election Campaign Financing
Trust Fund Contribution**
**\$5.00 May Be
Added to Fees**
9. Name and Address of Current Registered Agent
**RABAUT, CHARLES P
3121 BRANDYWINE DRIVE
TALLAHASSEE FL 32312**
10. Name and Address of New Registered Agent
81 Name
Teddy L. Moorehouse
82 Street Address (P.O. Box Number is Not Acceptable)
828 Ingleside ave
83
84 City
Jacksonville **FL** **85 Zip Code**
32205

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE
Teddy L. Moorehouse
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)
8/5/99
DATE

12. OFFICERS AND DIRECTORS
TITLE
TD
NAME
WAGNER, ANDREW J II
STREET ADDRESS
3738 140TH AVE. N., UNIT A
CITY-ST-ZIP
LARGO FL 33771
TITLE
PD
NAME
WOLF, WENDY
STREET ADDRESS
PO BOX 273 (N/A)
CITY-ST-ZIP
GRANDIN FL 32138
TITLE
SD
NAME
SPINILL, ROBERT
STREET ADDRESS
2255 WEST 23RD STREET
CITY-ST-ZIP
JACKSONVILLE FL 32209
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
PD
1.2 NAME
Teddy L. Moorehouse
1.3 STREET ADDRESS
828 Ingleside ave
1.4 CITY-ST-ZIP
Jacksonville FL 32205
2.1 TITLE
VD
2.2 NAME
Andrew J. Wagner II
2.3 STREET ADDRESS
1713 B. Crowder RD
2.4 CITY-ST-ZIP
Tallahassee FL 32303
3.1 TITLE
TD
3.2 NAME
Lauren Paset
3.3 STREET ADDRESS
216 Citrona Drive
3.4 CITY-ST-ZIP
Reynoldsline FL 32034
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
Teddy L. Moorehouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/99
Date

904-723-2033
Daytime Phone #

CR2E037 (5/99)